

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Wybro et al.

Serial No.: 10/789,659

Group No.: 3673

Date Filed: 02/27/2004

For: Method of Installation of a Tension Leg Platform

Examiner: Gay Ann Spahn

RESPONSE TO OFFICE ACTION

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Maam:

In response to the office action made final November 7, 2005, please amend this application as follows:

Amendments to the Claims are reflected in the listing of claims beginning on page 3 of this paper.

Remarks begin on page 6 of this paper.



MOD012/144599

IFW

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RESPONSE TRANSMITTAL

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

1. Transmittal herewith is an Amendment for this application.

2. Applicant is

a small entity.
 other than a small entity

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. § 1.10)

I hereby certify that this correspondence is, on the date shown below, being deposited with sufficient postage as First Class Mail, in an envelope addressed to the following: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Date: 12/21/05

Coco H. Betancourt

Signature

Coco H. Betancourt

(type or print name of person certifying)

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. § 1.136 apply.

(complete, as applicable)

Applicant petitions for an extension of time under 37 C.F.R. § 1.136
(fees: 37 C.F.R. § 1.17(a)(1)-(4) for the total number of months checked below:

<u>Extension (months)</u>	<u>Fee large entity</u>	<u>Fee for small entity</u>
<input type="checkbox"/> one month	\$ 120.00	\$ 60.00
<input type="checkbox"/> two months	\$ 450.00	\$ 225.00
<input type="checkbox"/> three months	\$ 1,020.00	\$ 510.00
<input type="checkbox"/> four months	\$ 1,590.00	\$ 795.00
<input type="checkbox"/> five months	\$ 2,160.00	\$ 1080.00

Fee: \$ _____ -0-

If an additional extension of time is required, please consider this a petition therefor.

(check and complete the next item, if applicable)

An extension for _____ months has already been secured. The fee paid therefor of \$_____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$ _____ -0-

OR

Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. § 1.16(b)-(d) has been calculated as shown below:

Claims Remaining After Amendment	Highest No. Previously Paid For	Extra Present	Rate	Added Fee
Total: 23	44	0	\$50/25	\$0.00
Independent: 2	4	0	\$200/100	\$0.00
First Presentation of Multiple Dependent Claims:			\$360/180	\$0.00
				Total Additional Fees: \$0.00

(complete (c) or (d), as applicable).

No additional fee for claims is required.

OR

Total additional fee for claims required \$ 0.00

FEE PAYMENT

5. Attached is our check in the sum of \$ _____.

Attached is our check in the sum of \$ _____ for a petition to revive an application.

Charge Account No. 50-0897 the sum of \$ _____

FEE DEFICIENCY

6. If any additional extension and/or fee is required, charge Account No. 50-0897
(MOD012/144599)

AND/OR

If any additional fee for claims is required, charge Account No. 50-0897
(MOD012/144599)

Date: December 2, 2005



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